## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  25096 PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being transmitted to the USPTO via EFS on the date indicated below.		
			<u> </u>	Tracy M	leeker	(Depositor's name)
				(Signature)		
				March 26, 2010 (Date)		
APPLICATION NO. FILING DATE		FIRST NAM	ED INVENTOR	ATTORNEY DOCKET NO.		O. CONFIRMATION NO.
10/815,190	03/31/2004	Kathleen	Tyson-Quah		320529195US5	7517
TITLE OF INVENTION: REDUCING RISK IN A PAYMENT-BASED TRANSACTION BASED UPON AT LEAST ONE USER-SUPPLIED RISK PARAMETER INCLUDING A CLEAN PAYMENT LIMIT						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATIO	N FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	)	\$1,810.00	03/28/2010
EXAMINI F. Poinvi		ART UNIT 3696	CLASS-SUBO	CLASS		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
X   Issue Fee						
Advance Order -# of Copies  X The Director is hereby authorized by charge the required fees to EFT Acct. SEA1PIRM, and to charge underpayments or credit overpayments to Deposit Acct. 50-0665.						
5. Change in Entity Status  a. Applicant claims	•		X b. Applicant is	s no longer c	laiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature			1		Date	March 26, 2010
Typed or printed name		Davin Chin			Registration No.	58,413